

**SD DOE - CHILD AND ADULT NUTRITION SERVICES
SITE (CENTER) INFORMATION**

SUMMER FOOD SERVICE PROGRAM INSPECTION REPORT

Local Agency Name: _____

Site Name: _____ City: _____

Name/Title of person(s) contacted: _____

Inspector(s): _____ Date: ____/____/____

MONITORING	YES	NO	N/A	COMMENTS
2001) Was this site reviewed by the Sponsor:				NA if Waived
a. Before operations began?				
b. During the 1st week of operation?				
c. During the first 4 weeks of operation?				
d. Were areas requiring corrective action identified?				
e. Was corrective action completed?				

TRAINING	YES	NO	N/A	COMMENTS
2101) Is there at least 1 person on-site who has been trained in SFSP requirements?				____/____/____ Attachment G
2102) Did the training occur before SFSP operation began?				
2103) Date training occurred?				

CIVIL RIGHTS	YES	NO	N/A	COMMENTS
2201) Does the site include the non-discrimination statement and the procedure for filing a complaint on all SFSP materials?				
2202) Have there been any complaints alleging discriminations?				
2203) If yes, was the complaint forwarded to Child and Adult Nutrition Services?				
2204) Does the site provide information on SFSP to the public upon request?				
2205) Is the "and Justice for All" poster prominently displayed?				
2206) Does the site have the capability of providing SFSP materials/information in the appropriate language for these persons?				
2207) Does the site allow all children equal access to services and facilities regardless of race, color, national origin, sex, age, or disability?				
2208) Does the site serve meals to all children regardless of race, color, national origin, sex, age, or disability?				

RECORD KEEPING	YES	NO	N/A	COMMENTS
2301) Is a daily count by category kept for:				Records missing or incomplete violations #7 and #8 on SFSP Exit Visit Page 5 – note there.
a) Number of meals planned/delivered				
b) First meals served to eligible children				
c) Second meals served to eligible children				
d) Meals served to ineligible children				
e) Meals served to program adults				
f) Meals served to non-program adults				
g) Deficient meals				
h) Left over meals				
2302) Is the site claiming only the meal type/s it has been approved to serve?				
2303) Are itemized receipts/invoices obtained?				
2304) Is a record maintained of operating labor costs (daily time and attendance records)?				
2305) Are records kept in an orderly manner?				
2306) Are records secure?				
2307) Are records submitted to sponsor in a timely manner?				
How often?				

SANITATION	YES	NO	N/A	COMMENTS
2401) Are proper hair restrains worn?				Poor sanitation violation #9 on SFSP Exit Visit Page 5 – please note.
2402) Sanitation Review Score:				
2403) Have all deficiencies noted on previous health inspection been corrected?				

MENUS	YES	NO	N/A	COMMENTS
2501) Are menus with serving sizes and production records maintained?				One full week needed if NSLP to check weekly meal pattern requirements. (Don't split between weeks) Also collect production record for today.
Collect monthly menu and production records for five days and submit with review forms.				
2502) Are they sufficient to determine the number of servings of each required food available? (CANS)				
2503) Do all meals documented contain: (refer to menu analysis sheets): (CANS)				
a. Required food items? (CANS)				
Indicate date and number of meals to be overclaimed				
b. In required portions? (CANS)				
2504) Are menus varied? (CANS)				
2505) Has an attempt been made to comply with the Dietary Guidelines for Americans? (CANS)				

OBSERVED MEAL SERVICE	YES	NO	N/A	COMMENTS
2601) Was the menu readily available?				<u>Major Violation #6 on SFSP Exit Visit page 5</u> <u>Major Violation #5 on SFSP Exit Visit page 5</u> <u>Major Violation #2 on SFSP Exit Visit page 5</u>
Meal type:				
2602a) Menu Analysis - <i>complete information on 2602a worksheet on the following page</i>				
2602b) Did the meal comply with the menu provided? <i>If no, complete the 2602b chart on the following page.</i>				
2603) Was the meal served within approved time frames on the day of review?				
2604) Were meals delivered within approved time frames?				
Time delivered:				
2605) Were meals served as a unit? (if no, explain)				
2606) Were all meals (and portions of meals) eaten on site?				
2607) Did every child receive all required food items?				
2608) Did every child receive the correct portion of each food item?				
2609) Describe the level of plate waste:				
2610) Is the method used to adjust the number of meals prepared or delivered adequate?				
2611) Are reimbursable meals within approved level?				

MEAL COUNT	YES	NO	N/A	COMMENTS
2701) Number of:				<u>Major Violation #3 on SFSP Exit Visit page 5</u> <u>Major Violation #1 on SFSP Exit Visit page 5</u> <u>Major Violation #1 on SFSP Exit Visit page 5</u>
a. Meals planned or delivered				
b. First meals served to eligible children				
c. Second meals served to eligible children				
d. Meals served to ineligible children				
e. Meals served to program adults				
f. Meals served to non-program adults				
g. Deficient meals:				
Lack food item				
Consumed off-site				
Spoiled				
Other				
h. Meals left over				
i. Total reimbursable meals				
j. Total non-reimbursable meals				

2602a) WORKSHEET ANALYSIS OF OBSERVED MEAL

2502b) WORKSHEET ANALYSIS OF OBSERVED MEAL								
a. Meal Type		c. Serving Size	d. Quantity Used	e. Serving Per Unit	f. Total Servings	g. Evaluation		
Component	b. Food Item					Adequate	Over	Short
Bread/Alt.								
Meat/Alt.								
Milk								
Fruit/Veg								
Fruit /Veg								

Number of children's meals: _____ Number of adult's meals: _____

(If any menu components are missing above, complete menu missing components worksheet below.)

2602b) WORKSHEET FOR MENU MISSING ITEM/COMPONENT FOR DAY OF REVIEW

a. Menu	b. Missing Item/Component	Number of Lunches Missing Item/Component		
		c. Total		
			d. Free	e. Ineligible

Major Violation #4 on SFSP Exit Visit page 5

SFSP Exit Visit - Must complete and gain signature of site manager or sponsor representative made prior leaving program review.

This is a duplicate form with signatures and leave copy with sponsor, and send original with signatures with review folder to State office.

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Offsite consumption	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit.	_____	_____
6. Meal serving times not met.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

Inspector's signature _____	Date _____	Site supervisor's signature _____	Date _____
Sponsor representative's signature _____	Date _____		